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05/23/01

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. TESSERA 3.0-030 CIP V DIV COFT First Inventor Thomas H. DiStefano Title FAN-OUT SEMICONDUCTOR CHIP, etc. Express Mail Label No. EL 804522741 US		
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Box Patent Application Commissioner for Patents Washington DC 20231		
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification [Total Pages] 29 <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets] 6 5. Oath or Declaration [Total Pages] 2 a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 08/935,962 Prior application information: Examiner R. Potter Group / Art Unit: 2822 For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATIONS PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small> <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small> 17. <input type="checkbox"/> Other: _____		
19. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		 000530		
or <input type="checkbox"/> Correspondence address below				
Name				
Address				
City	State	Zip Code		
Country	Telephone	Fax		
Name (Print/Type)	Marcus J. Millet		Registration No. (Attorney/Agent)	28,241
Signature			Date	May 23, 2001

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 710.00)

Complete if Known	
Application Number	Not Yet Assigned
Filing Date	May 23, 2001
First Named Inventor	Thomas H. DiStefano
Examiner Name	Not Yet Assigned
Group Art Unit	N/A
Attorney Docket No.	TESSERA 3.0-030 CIP V DIV CONT

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 12-1095

Deposit Account Name Lerner, David, Littenberg,
Krumholz & Mentlik, LLP Charge Any Additional Fee Required Under
37 CFR 1.16 and 1.17 Applicant claims small entity status. See
37 CFR 1.272. Payment Enclosed Check Credit Card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	390	216	195
117	890	217	445
118	1,390	218	695
128	1,890	228	945
119	310	219	155
120	310	220	155
121	270	221	135
138	1,510	138	1,510
140	110	240	55
141	1,240	241	620
142	1,240	242	620
143	440	243	220
144	600	244	300
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	710	246	355
149	710	249	355
179	710	279	355
169	900	169	900
Other fee (specify)		-----	

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

2. EXTRA CLAIM FEES

Total Claims	2	-20** =	[] X [] =	Fee Paid
Independent Claims	2	-3** =	[] X [] =	0.00
Multiple Dependent			[] =	0.00

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

** or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Name (print/type)	Marcus J. Millet	Registration No. (Attorney/Agent)	28,241	Complete if applicable
Signature	[Signature]			Date May 23, 2001

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